



Construction Permit Fee Schedule

Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052

Tel: 207-626-3870
Fax: 207-287-6251

Make Check Payable to: "Treasurer, State of Maine"

New Construction

Permit Fee

\$.05/ square foot of occupied space
\$.02/ square foot for bulk storage occupancies

Renovations exceeding 80% of occupied space are considered to be new construction.
Public schools, (K-12), follow the renovation fee schedule below.

Renovations

Permit Fee

Construction Cost

\$25.00.....	For under.....	\$10,000.00
\$50.00	From	\$10,000.00
	but less than	\$20,000.00
\$75.00	From	\$20,000.00
	but less than	\$50,000.00
\$100.00	From	\$50,000.00
	but less than	\$100,000.00
\$150.00	From	\$100,000.00
	but less than	\$500,000.00
\$200.00	From	\$500,000.00
	but less than	\$1,500,000.00
\$250.00	From	\$1,500,000.00
	but less than	\$2,250,000.00
\$350.00	From	\$2,250,000.00
	but less than	\$3,000,000.00
\$450.00	From	\$3,000,000.00

Title 25 Section §2450

\$50.00.....For a Plan Review to acquire only an **Approval Letter**.

(This may be obtained only when a permit is not required by the State.)

(8-23-04)



Application for Construction Permit

SHADED AREAS ARE FOR OFFICE USE ONLY (8/04)

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Project Information

Project Name: _____
Street Location: _____ Town Location: _____
County: _____ Number of Stories: _____
New Building: ☐ Renovation: ☐ Addition: ☐ Occupancy Change: ☐
Sprinkler System: ☐ Yes ☐ No Supervised: ☐ Yes ☐ No Square Footage: _____
Date of Construction Start-up: _____ Estimated Project Cost: _____
Disc Included: ☐ Yes ☐ No Construction Permit Fee: _____

Occupancy Classification

Apartments <input type="checkbox"/>	Nursing Home <input type="checkbox"/>	Educational <input type="checkbox"/>
Hotel / Motel <input type="checkbox"/>	Industrial <input type="checkbox"/>	Daycare <input type="checkbox"/>
Rooming & Lodging <input type="checkbox"/>	Residential Care Level I <input type="checkbox"/>	Detention <input type="checkbox"/>
Congregate Housing <input type="checkbox"/>	Residential Care Level II <input type="checkbox"/>	Business <input type="checkbox"/>
Hospital <input type="checkbox"/>	Assembly Class ≥ 1000 <input type="checkbox"/> $\geq 300 \leq 1000$ <input type="checkbox"/> ≤ 300 <input type="checkbox"/>	Other <input type="checkbox"/>
Limited Care <input type="checkbox"/>	Mercantile A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	

Construction Type

Fire Resistive: Type I (443), (332) <input type="checkbox"/>	Unprotected Ordinary: Type III (200) <input type="checkbox"/>
Protected Non-Combustible: Type II (222), (111) <input type="checkbox"/>	Heavy Timber: Type IV (2HH) <input type="checkbox"/>
Unprotected Non-Combustible: Type II (000) <input type="checkbox"/>	Protected Wood Frame: Type V (111) <input type="checkbox"/>
Protected Ordinary: Type III (211) <input type="checkbox"/>	Unprotected Wood Frame: Type V (000) <input type="checkbox"/>

Addresses

Owner's Name: _____ Telephone: _____ Fax: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____

Design Professional: _____ Telephone: _____ Fax: _____
Maine Registration Number: _____ E-mail: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____

General Contractor: _____ Telephone: _____ Fax: _____
Mailing Address: _____
Town: _____ State: _____ Zip Code: _____

Signature of Applicant: _____

Preliminary Approval: <input type="checkbox"/>	Date: _____	Approved By: _____
Construction Permit: <input type="checkbox"/>	Date: _____	Approved By: _____
Approval Letter: <input type="checkbox"/>	Date: _____	Approved By: _____

-When a permit is not required

LOG #	DATE PLANS RECEIVED	REVIEW FEE	DATE FEE RECEIVED	CHECK #	PLAN REVIEWER	DATE PERMIT ISSUED	PERMIT #